

**BANGLADESH MEDICAL AND DENTAL COUNCIL**

203, SHAHEED SYED NAZRUL ISLAM SARANI  
(86, Bijoy Nagar), Dhaka-1000

**RENEWAL OF REGISTRATION**

Registration Number :

Date of Registration :

Profession & Place of Work :

Name :

Father's / Husband's Name :

**Permanent Address**

City/Village :

P.O. :

P.S./Upazila :

District :

Postal Code :

Telephone No. :

**Present Address**

City/Village :

P.O. :

P.S./Upazila :

District :

Postal Code :

**Degrees (MEDICAL)**

Basic Degree :

Post-Graduate Degree/Diploma (If Registered with Bangladesh Medical & Dental Council)

.....

Pay Order / D.D. No. .... Date .....

\_\_\_\_\_  
**SIGNATURE**

**FOR OFFICE USE:**

Receipt No. .... Date ..... Urgent Receipt No. .... Date .....

\_\_\_\_\_  
**SIGNATURE**

Renewed up to: